

## Annex 6~A: Recommended Priority Groups for Pandemic Vaccination

Once epidemiologic data on the specific pandemic virus are available, the priority groups will be reassessed and possibly altered to ensure that they are consistent with the overall goal of the pandemic response.

### Group 1: Health-Care Workers, Public Health Responders, and Key Health Decision Makers

#### Rationale

The health-care and public health sectors will be the first line of defence in a pandemic. Maintaining the health service response and the vaccine program is central to the implementation of the response plan in order to reduce morbidity and mortality. Members of this group may be considered in the following work settings for vaccine program planning:

- acute care hospitals
- long-term care facilities and nursing homes
- private physician offices
- home care and other community care facilities
- public health offices
- ambulance and paramedic services
- pharmacies
- laboratories

### Group 2: Pandemic Societal Responders and Key Societal Decision Makers

#### Rationale

The ability to mount an effective pandemic response may be highly dependent on individuals in the groups listed below being in place to maintain key community services. While those individuals that are essential to the response or to maintaining key community services may vary among jurisdictions, they are likely to include the following:

- police
- firefighters

- armed forces
- key emergency response decision makers (e.g., elected officials, essential government workers, disaster services personnel)
- utility workers (e.g., water, gas, electricity, essential communications systems)
- funeral service and mortuary personnel
- people who work with institutionalized populations (e.g., corrections)
- persons who are employed in public transportation and the transportation of essential goods (e.g., food)
- key government employees (e.g., ministers, mayors)

### Group 3: Persons at High Risk of Severe or Fatal Outcomes Following Influenza Infection

#### Rationale

To meet the goal of reducing morbidity and mortality, persons most likely to experience severe outcomes should be vaccinated. For planning purposes, this priority group has been based on the high-risk groups identified by the National Advisory Committee on Immunization for annual vaccine recommendations. Additional groups have also been included, based on evidence indicating an elevated risk (e.g., during the annual epidemics, young infants experiencing rates of hospitalization similar to the elderly).

Prioritization of the following subgroups within Group 3 would depend on the epidemiology of influenza disease at the time of a pandemic:

- A. Persons in nursing homes, long-term care facilities, and homes for the elderly
- B. Persons with high-risk medical conditions living independently in the community
- C. Persons over 65 years of age living independently and not included in 3A and 3B
- D. Children, 6 months to 23 months of age (current vaccines are not recommended for children under 6 months of age)
- E. Pregnant women

Currently, NACI does not consider pregnant women as a high-risk group in its recommendations for annual influenza vaccination. However, pregnant women have been at elevated risk during past pandemics.

## Group 4: Healthy Adults (Adults aged 18–64 Years Who Do Not Fall into Groups 1–3)

### **Rationale**

This group is at lower risk of developing severe outcomes from influenza during annual epidemics, but comprises the majority of the workforce and represents the most significant segment of the population from the perspective of economic impact. Vaccination of healthy adults would reduce the demand for medical services and allow individuals to continue normal daily activities. Simultaneous absences of large numbers of individuals from their places of employment, even for non-essential personnel, could produce major societal disruption. Medical facilities could also be overwhelmed by health-care demands, even for outpatient services. This might compromise the care of those with complications.

## Group 5: Children, 24 Months to 18 Years of Age

### **Rationale**

This group is at the lowest risk of developing severe outcomes from influenza during annual epidemics but plays a major role in the spread of the disease. While children's absence from school might not have the same direct economic and disruptive impact as adults' absence from work, it could indirectly have that effect if adults stay at home to care for ill children.